The Intergenerational Life History Project: Promoting Health and Reducing Disease in Adolescents and Elders

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Synopsis

A 38-week Intergenerational Life History Project is designed to create a collaboration in a lower socioeconomic neighborhood between 50 elderly people in the community ages 80 and older (whose life reminiscences make them historians) and 50 high school seniors (who become scribes by writing down the elders' oral histories.)

The youth-elder teams provide reciprocal social support and intergenerational mentorship through reminiscence. The project is an integrated, multifaceted effort to bring about health, behavior, and attitude changes in the two age cohorts challenged in different ways and for different reasons by morbidity and mortality.

MUCH OF AMERICA'S YOUTH lives in environments where violence, welfare, drugs, and pregnancy are more prevalent than safe schools, high school diplomas, and jobs. Their world consists of conditions that create a negative, hopeless view of the future and impact a teen ager's decision to engage in preventable, high-risk behavior (*1*).

Some 39 percent of young people grow up in poverty, believing they are likely to die from guns or unprotected sex (*2–4*).

Morbidities attributable to high-risk behavior, as well as 75 percent of all teenage deaths, are preventable (*5*). There is a need to develop interventions aimed at multiple psychosocial and environmental factors—poverty, social isolation, academic difficulties, depression—affecting the adolescent's decisional processes and high-risk behavior.

At the same time, the oldest old face equally egregious challenges to their physical and mental well-being. If current demographic trends continue, nearly 20 percent of the U.S. population will be older than age 65 by the mid 21st century (*6*) and the fastest growing cohort, those older than age 85, will double in the next 15 years (*7*). Functional dependence increases to approximately 40 percent in those older than 85 (*8,9*), and by the year 2000, the number of elderly requiring institutionalization or long term care, or both, will rise to 6.7 million. Acute and chronic disease states compromise the functional status of the oldest-old, and geriatricians are developing a new paradigm of health promotion in which preventive strategies are integrated into the elder's life (*10*).

Literature Review

The combination of poor self-esteem, lack of confidence in the future, school and home difficulties, and a limited sense of opportunity are catalysts for adolescent pregnancy and drug abuse (*11,12*). A review of health behavior interventions to prevent infection with the human immunodeficiency virus (HIV), pregnancy, and drinking among youth (*13–15* and an unpublished meta-analysis by the author of adolescent pregnancy prevention programs) shows (*a*) the majority of strategies adhere to a rational, knowledge-based approach with little behavioral effect; (*b*) few strategies address the adolescents' perception of the world that impacts behavioral decision-making processes; and (*c*) a social reinforcement orientation has the greatest behavioral effect.

Researchers are also seeking techniques to address the escalating problem of youth violence (*1,16,17*).

Research must also focus on the noninstitu-

tionalized oldest old (*18*), their unprecedented needs for health education (*19*), and those factors that mediate decline and enhance independence (*20*). The only consistent factor that seems to affect function negatively is physical inactivity (*10*). The literature does, however, suggest several health promotion concepts as the basis for this intervention—reminiscence, social support, and intergenerational contact.

Reminiscence, the "process or practice of thinking or telling about past experiences,"(*21*) has been used primarily for three purposes—by geriatric practitioners as a group therapeutic tool to enhance the well-being of the institutionalized elderly, by gerontologists for research, and by educators as a tool for language and history skills and ethnic pride (*22–32* and the author's 1993 unpublished manuscript, "The man I was. The man I am. The lives and times of Mr. Sidney Amber.")

In the elderly, reminiscence is associated with enhanced self-esteem, increased life satisfaction, and adaptive coping to certain challenges of aging (*25,33–35*), because it is a means of achieving ego integrity and coming to terms with life (*21*). Those youth who published the oral histories of community-dwelling, Appalachian elderly in the Foxfire Journals (*29*) have reported increased mutual respect and understanding of cultural traditions, positive images of the elderly, and increased self-esteem in teens.

Other than the Foxfire Journals, little reminiscence work has been done with individual elderly persons in the community, and no published work describes intergenerational, longitudinal reminiscence between a single youth and an elder. Research focuses primarily on therapeutic and attitudinal outcomes measured by mental health and depression scales in the elderly and attitudinal scales in youth. No reported research measures the impact of reminiscence on the maintenance and improvement of the elders' physical health, adolescent high-risk behavior, or school dropout rates.

Intergenerational contact, "organized activities to bring together two generations for the purpose of attitude change" (*36*), seems to increase positive attitudes toward the elderly in 69 percent of 50 studies reviewed (*37*). Research on the effect of intergenerational mentorships between elders and youth suggests that the optimal choice of a role model is an adult of like ethnic and cultural background who has survived similar life challenges. The most successful mentorships minimize social distance by establishing equal participant power via a mutual goal distinct from individual behavior change (such as the life history project), a neutral contact site, and extended, quality time (*37,38*).

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The notion that social support, "the resources provided by others," may play a role in decreasing disease and morbidity in the elderly has been suggested (*18,39–41*), although little research focuses on the reciprocal nature of support or the value of intergenerational support.

Several projects have used reminiscence, social support, or intergenerational contact as a mechanism to change attitudes or enhance coping after a disease (*21,29,42–49*). A few have proposed intergenerational reminiscence as the project's mechanism for attitudinal change (*50–52*), but none have matched the oldest-old with a single adolescent in a long-term project designed to impact behavior and attitude, physical and mental functioning, and educational outcomes.

Project Objectives

The goal of the Intergenerational Life History Project (ILHP) is to impact positively the physical and mental health of an adolescent and an elderly population.

The specific adolescent population objectives are to improve attitudes about the elderly, enhance self-esteem, reduce high school dropout rates, improve grades, reduce high-risk behavior, increase cultural pride, and improve physical health.

Specific elder population objectives include promoting and maintaining mental and physical health and reducing institutionalization.

Methodology

The ILHP is a collaborative, community-based intervention at a neighborhood health center in a lower-socioeconomic status neighborhood. For 38 weeks, 50 elders in the community meet weekly for at least 1 hour with 50 high school seniors who

transcribe the elders' life histories. Senior citizens ages 85 and older are the target elder population because they are at highest risk for institutionalization or long term care, and evidence suggests health promotion can enhance independence (*19*).

According to techniques suggested by Beck (*20*) and Johnson (*19*), public voting records and snowballing will be used to recruit 100 elders from the community. ''Snowballing'' is a recruitment technique that consists of asking respondents to refer their peers to the project. They will be screened to select out those people with a severe cognitive impairment or those planning to leave the community. A letter to all high school juniors and snowballing will be used to recruit 100 or more adolescent scribes.

Of the total recruited, 25 scribes and historians will be assigned randomly to each of 4 groups: 25 teams comprised of an African American historian and scribe; 25 teams comprised of an Hispanic historian and scribe; 2 control groups of 25 African American elders and 25 teens and 25 Hispanic elders and 25 teens. The control groups are merely identified and compared with the intervention groups in evaluating the project.

All intervention scribes participate in a 2-day training session in reminiscence techniques and the developmental characteristics of the oldest-old. All intervention group historians participate in a half-day training session that includes a discussion of the reminiscence process and adolescent development. Project staff members provide ongoing, weekly feedback, training, and support to scribes and historians.

A partnership will be formed with the local high school, project staff, and the public health and education departments of a local university. Students receive academic credit for completing the 38-week ILHP. Mentorship is also provided by 10 university undergraduates or graduates editing the transcripts. One doctoral student will conduct the evaluation. Project staff members will recruit a high school artist(s) to illustrate the publication.

The Interview Phase (June–December) provides summer and first semester employment for the teenagers. The Publication Phase (January–March) involves scribes and historians in the June publication of ''Life Histories of the Community.''

The ILHP incorporates social reinforcement and mentorship because the adolescent is involved with a weekly discussion of a surviving elder's life, one whose experiences can provide behavior modeling. The project provides a parttime job, education and job skills, academic credit, and a source of self-esteem for the youth who will coauthor a publication that promotes ethnic and community pride.

A key mechanism of the ILHP is the reciprocal support relationship between the ''youth scribe'' and the ''senior historian.'' The elder receives support from a youth confidant and is also a mentor whose life experiences can help the youth discover his or her cultural strengths and coping skills, an important role for reaching disadvantaged youth (*38*). For the elder, the project provides a weekly outing, mental and physical activity, transportation to the center, nutritious snacks, a stipend, and appropriate preventive screening tests at intake to assess the elder's health needs.

Using guidelines proposed by Sherman in his research on reminiscence (*21*) and Butler's life-review concept (*52*), the ''historian'' will share memories through a life span developmental process. To enhance reminiscence, two approaches will be used—historical referrent points; and cherished objects referrent points.

Significance of the Project

The ILHP is significant because it is cost efficient and maximizes limited resources by building on community and individual resources to address those psychosocial factors impacting health outcomes in two populations. The annual cost of $1,200 per participant is significantly less than that of one year of institutionalization for either elder or teen. Moreover, 64 percent of the budget provides financial support to adolescent and elder participants, and any monies generated by the sale of the Life Histories of the Community create an educational fund for participating high schools.

Ways in Which the Project is Innovative

This project brings together two age-distinct, high-risk, ethnically similar populations in an intergenerational, reciprocal support mechanism that addresses those negative factors that affect high-risk behavior and decisional processes in adolescents and physical and mental functioning in the elderly. The participants are also the key interventionists in this mutually beneficial effort to maintain or enhance mental health, physical functioning, and community dwelling in the oldest-old while providing the youth with a range of experiences to improve self-esteem, mental health, and cultural pride as well as reducing school dropout rates, high-risk sexual behavior, and negative stereotypes of the elderly. There are currently no programs that propose a community-based, multilevel

orientation that integrates diverse, yet complementary, strategies to address the needs of two populations.

Summary of Evaluation Methods

An independent evaluator will conduct both the process and summative evaluations. The process evaluation will use qualitative interviews and observation techniques to provide feedback to participants about reminiscence and transcription techniques, potential problems, and program modifications. Through focus groups discussions, the staff will assess the quality, quantity, and level of intergenerational contact and reciprocal support. The summative evaluation uses a true control group, pretest-posttest design for both adolescents and elders to measure the outcomes at year 1 and, if funding is available, at year 2.

Operational measures for the elders include self-reported health status, measures of depression, functional status as measured by the Activities of Daily Living and Instrumental Activities of Daily Living indices, number of nursing home days and admissions, nursing home admission status at year 1, attitude about adolescents and reminiscence.

Measures for adolescents are self-reported health status, negative stereotyping of the elderly, grade point average, high school dropout rate, and pregnancy rate. Between-group comparisons will be made of the two intervention groups and the intervention and control groups to assess the strength of effects.

Budget Estimate and Justification

Project director (50 percent of $36,000 fulltime equivalency)	$18,000
Project consultant (50 percent of $24,000 fulltime equivalency)	12,000
50 youth scribes at $10 an hour, 3 hours per week for 38 weeks	57,000
50 senior historians at $10 an hour 1 hour per week for 38 weeks)	19,000
Drivers at $7 an hour, 2 hours a week, for 38 weeks	532
Artist and evaluation	3,000
Word processors (for writing, editing)	2,000
2 Tape recorders, tapes for interviews	200
Printing, paper, copying, etc	3,100
Mileage, at 24 cents per mile for drivers for seniors	300
Indirect costs	5,500
Total	$120,632

The roles of part-time project director and consultant are to communicate with community leaders, educators, and center staff members about the project, staff the orientation sessions for scribe and historian, train interns and scribes in transcription and editing techniques, coordinate all aspects of the publishing, assist in transcription and editing, maintain weekly contact with participants. Interns provide mentorship, skills, and support to the historian-scribe teams.

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