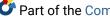4-4-2017

"You get old. You get invisible": Social isolation and the challenge of communicating with aging women

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ABSTRACT

Social isolation is a problem facing many older women. Isolation can contribute to poor health as adults age without social support. Increased and tailored communication offers service organizations more opportunities to provide social sup- port to these adults. This research examines perceptions of aging to explore communication behaviors, barriers, and opportunities for improved communication and service provision for aging women. Using data from focus groups and interviews, this study finds that participants from community organizations rely on word of mouth and traditional

media to communicate with their aging constituents, despite opportunities to use digital communication and to develop communication plans for this population.

KEYWORDS

Introduction

As a group, aging adults often face challenges to accessing and receiving information and services to assist with the transition to old age (Hall & Owens, 2011). Health and human service organizations, governmental and nongovernmental agencies, that provide a range of services to promote health and social wellness are often tasked with communicating with and providing programs and services to aging adults (National Organization for Human Services [NOHS], 2016). Organizations that serve aging adults (e.g., senior centers, free medical clinics, community centers) must decide how to communicate with them to provide the necessary information and services to live healthy and meaningful lives.

Using focus group and interview data from community leaders across the state of Iowa, this study explores current strategies and challenges for communicating with aging women and providing them with a range of health and social services to explore the question: How do agencies and service providers communicate with aging adults about services and information to help them remain socially connected and live well longer? To explore this, we talked with service providers from nationally networked organizations as well as small local agencies to ask about their communication methods for educating aging women about and connecting them with support and social services.

Studies on aging show that communication is a vital part of supporting and promoting healthy aging (Black, Dobbs, & Young, 2015; Choi & DiNitto, 2013; Goswami, Köbler, Leimeister, & Krcmar, 2010). Connections with social support networks and local groups are links to the larger community that give older adults a sense of belonging and a way to maintain control in their personal lives (Choi & DiNitto, 2013; Cotten, Anderson, & McCullough, 2013). This research extends scholarship on aging and communication and offers practical suggestions for how to better communicate with and provide services to aging women.

Our findings suggest that participants perceive social isolation to be one of the more pressing issues for aging women as it creates both a barrier to communication and service provision. With this in mind, organizations attempt to tap into and develop interpersonal contacts to communicate with aging women. We also discuss possible solutions for overcoming communication and service provision challenges, including mentorship opportunities and targeted use of social and digital media.

Social isolation and support for aging women

Social isolation, which occurs when people lose members of their social networks, including friends, children, and coworkers, is a concern for aging adults (Cotten et al., 2013). In American society, younger family members traditionally leave their family homes to find new opportunities elsewhere, shrinking the social networks of older adults (Black et al., 2015; Collins & Paul, 1994). Being isolated can lead to loneliness, depression, and other health issues like falls and malnutrition (Bascu et al., 2014; Black et al., 2015; De Jong Gierveld, 1998; Ron, 2009). The issue is compounded for aging adults living in smaller communities and rural areas since geographical distance from

others and lower populations pose additional challenges to daily social interaction (Bascu et al., 2014; Collins & Paul, 1994; Spina & Menec, 2013).

A number of factors can contribute to being socially isolated, including stressful life events like severe illness, loss of income after retirement, or the death of a loved one, which can inhibit a person's ability to cope with changes and affect the type and amount of social interactions with others (Billings & Moos, 1981; Cobb, 1976; Cotten, Skinner, & Sullivan, 2000; Wright, 1999, 2000, 2016). Social support networks have been shown to help older adults manage these stressors and related challenges (Billings & Moos, 1981; Waldbrook, 2013; Wright, 1999, 2000, 2016).

Caregivers and professionals who work with aging adults recognize the need for continued social opportunities to reduce loneliness and isolation. As such, caregivers and providers are developing strategies to enhance existing connections and create new pathways for older adults to get social support (Cotten et al., 2013; Fink & Beck, 2015; Goswami et al., 2010; Hawton et al., 2011; Spina & Menec, 2013; Szeman, 2014; Woo, Mak, Cheng, & Choy, 2011). Social isolation puts aging adults, particularly women, at risk for physical and mental health problems. Additionally, being isolated decreases their ability to learn about health and social opportunities available to them. Research shows that older adults living independently who have social sup- port report higher quality of life and fewer health problems (Collins & Paul, 1994; Cotten et al., 2013; Hawton et al., 2011). This is significant for elderly women, as they generally outlive their male partners, and staying connected to familiar surroundings is crucial to positive aging (Loe, 2010).

Social support consists of information people receive that leads

them to believe they are cared for and valued (Cobb, 1976; Goswami et al., 2010; Rains, Peterson, & Wright, 2015). Social support is important for older adults' well-being and takes different forms, including emotional, instrumental, and informational assistance (Goswami et al., 2010). Emotional support includes expressions of love, care, and trust; informational assistance can range from suggestions to advice; and instrumental support is tangible forms of aid, such as food and medicine (Goswami et al., 2010). Studies have found that increased social support from family and community is associated with better health and lower social isolation (Collins & Paul, 1994; Cotten et al., 2000; Ron, 2009; Wright, 1999).

As families move or shrink, older adults' connections with their peers become more important, as they rely on each other for social support to face the challenges of aging (Black et al., 2015; Collins & Paul, 1994). Drawing on existing research into the importance of social support from family and peers for older adults (e.g., Collins & Paul, 1994; Cotten et al., 2013, 2000; Goswami et al., 2010; Rains et al., 2015; Wright, 1999), our study examines the perspective of community leaders who work with aging women to understand how social isolation affects communication and service provision for this growing constituent group.

Communicating with aging women

Because social isolation can be diminished with increased communication between individuals and their social networks, our study focused on organizational communication practices with aging women. Organizational communication practices can illuminate how aging women are targeted by practitioners and organizations in hopes of improving social support and independence. Research shows that communication is paramount for successful aging and suggests that

social service organizations can assist in the management of the aging process through communication practices and programs that increase an individual's efficacy (Fowler, Gasiorek, & Giles, 2015). Service organizations rely on interpersonal communication (e.g., word-of-mouth referrals) as well as traditional mediated communication (e.g., newspaper advertising) to reach aging women in their area.

However, research suggests that enabling aging women to connect digitally with service organizations is an important communication pathway for successful aging as well (Hall & Owens, 2011; Woo et al., 2011). For example, a 2011 study of Chinese medical service providers found that while providers largely relied on public talks in caregiving facilities to connect to patients, they believed empowering patients to "find resources for themselves to tackle the problem," such as Internet use, may be more effective (Woo et al., 2011, p. 3468). Internet use among aging adults cracks open the previous one-way communication pathway between health and human service providers and clients. In a study of online government services for individuals on public assistance, researchers found that utilizing online resources was not only more "customer friendly" but created a "flattening" of the government hierarchy by encouraging "bi-directional flow of information, instead of always government-to-citizen" (Hall & Owens, 2011, p. 38).

Incorporating online communication as part of an organization's communication strategy can provide a more effective and cost-saving approach to connecting clients and providers, as well as bolster disenfranchised groups like aging women (Hall & Owens, 2011). A study of Internet users in senior living communities found that using digital communication technologies, such as a provider Web site, can help seniors maintain existing social networks and "provide a greater

sense of connection to the world" (Winstead et al., 2013, p. 540). Yet, while Internet use among aging adults is on the rise (Zickuhr & Madden, 2012), service providers largely rely on newspapers, television, radio, postal mail, and other more traditional communication. This is perhaps a reflection of the longstanding assumption that aging adults are not merely Internet incompetent but perhaps Luddites (Bradley, 2014; Seitz, 2013) despite research to the contrary (Fleck, 2009; Perrin & Duggan, 2015).

  In 2009, the American Association for Retired Persons (AARP) polled just over 1,000 members on Internet use and found that 35% reported using the Internet for work (Fleck, 2009). At home, two-thirds reportedly "surf the Internet," with more than half going online to "research a topic or to get e-mail" (Fleck, 2009). Of those polled, 39% said they taught themselves how to use the Internet, while 25% reported learning from a friend or relative (Fleck, 2009). "Boomers," adults ages 50 to 64, with computers—who comprised 68% of those polled—were more likely to research a topic than their more senior counterparts (Fleck, 2009). More recent studies show that Internet use among aging adults continues to rise. A 2015 Pew Research Center report found that of those ages 50 to 64 ("boomers"), 81% go online, with 58% of those 65 and up ("seniors") going online (Perrin & Duggan, 2015). According to Pew, boomers went online more often because they are younger, more highly educated, and more affluent, while seniors are older, less affluent, and often facing health and disability challenges (Smith, 2014). As more aging adults work and play online, organizations attempting to target this group, such as health and service providers, have an opportunity to communicate via digital media platforms. By combining the social aspects of social networking sites like Facebook and the low cost and high mobility of smaller

computers like tablets, organizations have the opportunity to tailor their online communication to meet these users' needs. Even as boomers enter retirement with digital technology skills gained in the workforce, many long for more access opportunities amidst the unique experiences of aging such as decreased mobility and increased isolation (Smith, 2014). In order to put technologies and skills to use, aging adults need accessibility to an Internet connection at home or publicly via local Wi-Fi access points. Encouragingly, a 2012 Pew study found that for the first time, 47% of adults 65 and older had high-speed broadband at home (Smith, 2014).

Aging adults now commonly seek out medical information online to address questions and concerns regarding changes in their health. Notably, using Web sites that address aging and the possible issues associated with aging can increase a user's likelihood of searching for health information again in the future and, perhaps, improve health outcomes (Fink & Beck, 2015). For example, Internet access played a large role in how aging women have learned about menopause and hormone replacement therapy (Wyatt, Henwood, Hart, & Smith, 2005). Yet, to productively use Internet resources, aging women must overcome certain barriers, including skepticism of benefits, learning difficulties, and physical challenges associated with aging (Smith, 2014). Research indicates that providing support for aging adults via opportunities to "play around" with tablet computers, for example, increases digital literacy (Tsai, Shillair, & Cotten, 2017). And in turn, having a more positive outlook on aging decreases computer anxiety (Yoon, Jang, & Xie, 2016). Thus, creating these opportunities for aging adults to engage with digital media may not only enhance their digital savvy but also their health.

Methods

The data for this study were collected in two phases from May to December 2015. Phase one involved focus groups with participants across the state of Iowa. Phase two relied on follow-up interviews with a subset of focus group participants who work at nonprofit organizations throughout the state.

Focus groups

The phase one data for this study were collected from 18 focus groups conducted across Iowa between May and August 2015 (see Appendix A for focus group details). The Iowa Women's Foundation (IWF), a statewide organization that focuses on issues affecting Iowa's women and girls, organized the focus groups as a way to engage community stakeholders through- out the state. IWF organized the sessions to learn about the economic challenges faced by and opportunities for women and girls in different communities. With the assistance of local community leaders, the IWF executive director organized the focus groups specifically to attract nonprofit leaders, business leaders, and other community stakeholders, including church, school, and government employees. Participants included leaders from the public and private sector identified by the IWF's community partners.

In total, 307 people participated in the 18 focus groups.[1] Participants were overwhelmingly female, with 12 male participants. Recruitment of participants focused on women's organizations, programs for women and girls, and women leaders in the community, which is reflected in the number of female participants. The focus

[1]The largest session was in Des Moines, Iowa, with 32 participants, and the smallest session was in Chariton, Iowa, with four participants. The sessions had an average of 17 participants (M = 17.06) and a median of 18 participants. See Appendix A for the number of participants per focus group.

groups were 90 minutes long and followed the same format for each session: opening remarks and introduction by the IWF executive director followed by participant introductions and preplanned questions focusing on economic self-sufficiency and resources. The focus groups were guided by questions developed by the IWF executive director and Community Engagement Committee (see Appendix B). The sessions emphasized economic self-sufficiency for women and social services for women and girls in the community. One goal of the focus groups was for the Foundation to better understand how it could support existing work in these communities through grant funding and partnerships.

With permission from the Foundation and focus group participants, researchers attended, recorded, and transcribed the focus group audio recordings in accordance with the researchers' human subjects review board.[2] The focus groups were a springboard for follow-up interviews that focused on communication and service provision more specifically.

Interviews

During the focus group consent process, participants had the option of agreeing to be contacted for a follow-up interview. Of the 307 focus group participants, 201 agreed to be contacted for follow-up interviews. With the goal of interviewing participants who work at nonprofit organizations from across the state, we sent 55 recruitment e-mails during October and November 2015, yielding 27 interviews for a response rate of 49.1%. Interviewees came from 13 of the 18 focus group locations.[3]

[2]All focus group attendees agreed to participate in the research and signed informed consent forms prior to the sessions. This research received Institutional Review Board approval from the researchers' university.

[3]These data is part of a larger project focusing on information and technology use of

nonprofit organizations, thus our focus on recruiting these participants specifically. The inclusion criteria for recruitment included whether the focus group participant worked at a nonprofit organization at the time of the focus group sessions when they agreed to be contacted for a follow-up interview.

Unlike the focus groups, the interviews were intended to elicit detailed information about organizations' internal and external communication structures and strategies; their use of traditional media (e.g., newspapers, television, radio) and digital media (e.g., Web sites, social media, mobile applications) as part of their communication and outreach efforts; their relationships with other organizations, particularly focusing on networks; and their views on representations of women in the nonprofit sector and in the media. Interviewees were asked about the diversity and demographic makeup of their constituent groups and their communication strategies with different groups (e.g., "What is the primary demographic makeup of the women that you serve? Do you communicate differently with different groups?"). When relevant, interviewees were asked specifically about communicating with and providing services to aging women (e.g., "How do older women in your community get information about social services? How does [your organization] inform aging women about services available to them?"). Questions about aging women were asked of 12 of the 27 participants who worked directly with this constituent group. The topic of aging women also arose organically in interviews without prompting from the interviewers.

Our findings draw on participants' discussion of aging women in the focus groups and interviews. Focus group and interview audios were transcribed and imported into NVivo 11 for analysis. To develop a keyword search list, one researcher read the interview transcripts of the interviewees asked about aging women specifically. Next, using the keywords garnered from this initial reading (e.g., old, elder, aging,

senior, isolation, support, communicate, independent), multiple searches were conducted to find relevant passages in which participants discussed aging adults. The NVivo search "with synonyms" function allowed for a more inclusive search to capture as many relevant passages as possible. These relevant passages were then read and expanded if necessary to create the final data set, which was then analyzed for themes regarding the challenges aging women face and the role of communication and service provision in meeting these challenges.

Throughout the results, participants are identified by an assigned participant code, which includes a location indicator and number, to maintain anonymity, per IRB procedures and a date, which refers to the date of the focus group or interview (see Appendix A).

Results

Three major themes emerged from the focus group and interview data:

1. Service providers acknowledged that many aging women struggle to be independent as they find themselves living on their own for the first time.
2. Participants knew older women need help, and programs existed to assist independent living, but informing this group about programs was a challenge for service providers.
3. Participants recognized that communication with older women needed to improve, yet finding the right combination of communication methods was an ongoing challenge that service providers face.

The communication strategies employed varied depending on the service, agency, and geographical location.

Reducing social isolation and supporting independence

Supporting aging women who want to remain in their homes was a commonly stated goal for interview participants (e.g., CB3, W6, Du6). Organizations such as the YMCA/YWCA, homeless shelters, and county and state agencies have programs available to help aging women live independently, but older women often are not aware that help is available. To reach their target population, organizations relied on interpersonal communication; traditional media, such as newspapers, radio, and television; and to a lesser degree online and social media.

A number of participants discussed social isolation as a problem for aging women (e.g., QC11, W11, W6, MC7, MC12, CR9). A participant from northeast Iowa voiced her concern: "You don't have anybody checking in on them on a regular basis or lending a hand to help out with things that are very basic" (W2, May 22, 2015). Another explained that there were many older women in her area who do not work and now find themselves alone with few resources:

I think it's a huge issue, a huge gap and even more for rural women, I have no doubt, because then you don't have any connections or any resources. I also worry about their emotional well-being as far as being connected, and loneliness, which really contribute to health problems. (SC2, November 1, 2015)

A participant from eastern Iowa relayed her concerns about seniors' health with a story about an older adult who had 90 prescriptions:

[People] go to all of these different doctors, and no one's paying attention to them. I think that's also another ramification of elderly women being on their own, their families not being there, just getting shuffled from one health care provider to another. Those are

real issues as well. (CR10, May 27, 2015)

Living in smaller towns or other rural areas compounds isolation concerns for aging women (Collins & Paul, 1994; Cotten et al., 2013). Not only does social isolation put women at risk for health problems, it also means they are less likely to hear about health and social opportunities available to them to decrease isolation and improve their living conditions. Limited transportation is a major factor contributing to isolation for aging women in rural areas:

Transportation is a big thing. Because their children are moving away, they also lose out on the supports that maybe they once had when their kids were growing up and still around in the area. . . . [Now] they find themselves on their own, 40 miles from anything. (CR9, May 27, 2015)

As another participant explained, "We have had some older farm wives that have been very isolated and had no transportation to town and no support system because they are so far away from town" (W6, November 18, 2015). Women in these circumstances struggle when effective support systems are not in place to help them cope with the specific demands of farming and rural living (W6, November 18, 2015).

As our findings suggest, older women who live alone face challenges due to geographic distance and feeling disconnected from others. Communicating with older adults about programs designed to support independent living is a common problem participants discussed. For many of them, finding the right combination of communication techniques, from direct mail to newspaper ads to Facebook posts, is a logical next step.

Communication strategies

In today's rapidly changing media environment, reaching a particular audience can mean using multiple methods to get the message out. Many aging women are not aware of the services available to help them or how to get those services, so informing this age group about support programs is a common challenge. Participants in this study relied on various interpersonal and mass mediated approaches to communicating with aging adults, in contrast to the digital strategy employed with younger constituents, a difference we discuss in more detail.

For a number of organizations, word-of-mouth communication (WOM) was a main tactic in their communication strategies for aging women. Participants viewed WOM as an effective means of communication because individuals learned of programs from family, friends, and other trusted sources:

Word of mouth, always the best way to promote our programs no matter what age. But especially our elderly, if someone goes to coffee and someone says "This is a great class at the YMCA, and this is what we do, and it's so much fun" that helps us fivefold more than any radio, print ad could do, if it's someone they know, coming to them, telling them, this is a great thing you should get involved. (MC8, November 11, 2015)

Other participants shared similar comments indicating that WOM is an effective means to share information among aging adults (e.g., O11, M14, W9, W6). One participant from western Iowa noted that personal recommendations were highly valued for her organization because "Actual humans

. . . vouch for us and what we do." She viewed these word-of-mouth endorsements as an underlying reason for successful

programs (CB3, October 22, 2015). Many people learned about social support services "through their church or through their friends and family. And there are so many women's groups in these churches, even not affiliated with the church but with the town, and all of those are ways" to reach the aging population (W6, November 18, 2015). Echoing this sentiment, a participant from south- central Iowa said her organization depended on word of mouth and spreading news about programs and services through church announcements (O11, November 4, 2015).

Traditional mass media were also used to spread the word about services available to assist aging women. Participants indicated that they regularly use newspaper ads and articles to spread the word about their programs. An employee from the local branch of an international non- profit noted:

We do a lot of communication with our local newspaper, which is a huge thing for the older crowd, so there's always a press release going in, which I think is pretty typical of that age group wanting to see it in print. (M14, November 3, 2015)

A health-care provider reported that her organization also used "the radio and the newspaper because of the average age in our county is like 60s I would say, and we have the second highest population of older folks in the entire state" (Ch2, October 28, 2015).

Television advertising and mail were two other frequently mentioned methods of communicating with aging women. A nonprofit employee in the northern part of Iowa noted that her organization relies on multiple forms of media to reach aging adults in her community:

We still live in a pretty rural area. A lot of our population is

older; we do still do paper copy. We also access different avenues such as the newspaper, radio, television, to make sure that those individuals are still informed about what's going on, so we do a mix because a lot of our population still doesn't have access to the Internet. (MC8, November 11, 2015)

Other participants used both direct communication methods and mass media like radio and television to reach out to aging constituents. A provider from central Iowa said, "If it's a new program or something, we will do a direct mail piece, but typically a news article seems to be the best way for them to get their information" (M14, November 3, 2015). These comments illustrate that traditional communication approaches are still used and can be an effective means to reach some populations despite growing interest in digital and social media.

Our findings suggest that, although participants use social media and e-mail to communicate with younger adults, they do not frequently use these means to communicate with the aging constituents. This difference in communication approaches led some organizations to have a multipronged strategy, making information available across multiple platforms:

I know my conversation with the older population is going to be very different than with college kids. When we had dialogue at the public library, that's where we would get older residents. And, so their needs were very different, their means of being notified. A lot of the younger people would say they went to our Web site, were more familiar with Facebook and Web site, [and the] older crowd would reference, "Oh, I read it in the paper the other day." (Du1, October 13, 2015)

Such diverse methods used for communication were shared

by another participant when asked if she corresponded with older adults differently than younger ones. She stated, "Oh yes. We still do regularly radio interviews, FM, but one of the AM stations reaches a pretty extensive senior population" (M1, November 20, 2015). Yet, this same participant recognized that "we do have some" older adults who use social media. Another explained that she used traditional media like the newspaper because if older adults "are on Facebook . . . it's probably not how they are getting a majority of their information" (M 14, November 3, 2015). These comments indicate that stereotypes about older adults' lack of Internet use may be influencing how these agencies communicate with this population despite the growing body of research that shows aging adults are using the Internet more than ever (Perrin & Duggan, 2015; Smith, 2014).

However, some participants recognized that older women are, indeed, migrating to digital platforms. As one health-care provider who also identified as part of the aging population attested, "It's amazing that even maybe not the 70s or 80s, but you know my age, the 60s, you have to conform, if you're still in the workplace. We're getting it figured out" (Ch2, October 28, 2015). As aging women transition from the workforce to retirement, they bring with them digital technology skills they learned on the job, which provide opportunities for service providers to use digital media to communicate with these digitally skilled constituents.

Improving communication and service provision

Participants realized there was a gap in communicating about and providing services to aging women. Some participants suggested possibilities, such as volunteer or mentor programs that could bridge the gap and help aging women connect to providers

and services (e.g., QC11, FD18, O11). This type of program can be a stepping-stone to learn about other services provided. While volunteering is not required to receive support, those programs can be beneficial for introducing older adults to each other and to the program benefits available to them.

Another opportunity for developing social connections is to create pro- grams that partner aging adults with younger adults in their community in a "reverse mentorship" relationship. One provider commented on the importance of these social connections for aging women:

The idea of relationship building and community building there should be some back and forth. Some of the very pragmatic pieces, you've got elderly people who are living alone and have no connection to anyone, and you've got younger people who have no connection to anyone. (MC7, June 11, 2015)

Reducing social isolation through mentorship was a way to better inform aging women of the services available to them and make them more able to learn about services on their own: "Social isolation is a huge issue. Teens as the mentors for elderly for how to use their phones, how to use Facebook, how to connect with the larger community" (QC11, June 18, 2015). Both teens and older adults can benefit from a mentoring program where young people teach aging adults how to use social media sites by developing positive attitudes about digital communication after learning how to connect online (Szeman, 2014). For service providers, forging connections with local area youth groups as a mentorship resource could be a feasible way to teach aging adults how to use social media sites and increase their digital skills and perhaps their independence.

Communicating information via Facebook posts or e-mail was also an option that some providers have considered but not fully adopted. A participant from western Iowa who worked with older adults daily used e-mail for the "younger generation" but "when they get older, they some- times just call to talk because they want someone to listen" (CB3, October 22, 2015). Even a participant in her 60s declared that she noticed a "shift towards what's more the norm, to Facebook, Twitter, those things, but we still do . . . newspaper for some of the older folks" (Ch2, October 28, 2015). Conversely, a participant from central Iowa believed that "Facebook users are typically older," so she was looking for the best way to reach her constituents (M1, November 20, 2015). Yet, another participant recognized that every audience looked for information in different ways, and at her organization they "will never be 100% paperless, and I don't even think that's practical. But you'd be surprised; we do have a large number of seniors online, who will get on Facebook and like our page's posts" (MC5, November 18, 2015).

Discussion

Results from this study indicate that nonprofit professionals and health and human service providers are searching for effective methods for communicating with their aging constituencies despite communication and service challenges. The findings also indicate that social isolation contributes to aging women's struggles with independent living and learning about pro- grams and provisions available in their communities. Using effective communication strategies to connect with older women who are not actively involved is not yet well established or top-of-mind for some of these agencies. Participants agreed that getting the word out to those in need of assistance can be difficult, even though social service

agencies are designed to help struggling populations.

Relying on word-of-mouth recommendations and traditional media (e.g., newspaper ads, direct postal mail) was still common practice to connect with this population, but older adults' rapidly growing digital media use implies that a shift to digital communication could maintain and expand these conversations (Perrin & Duggan, 2015). Interestingly, focus group participants often discussed the services offered for older adults but did not address how their organizations communicate with older adults or the need to tailor their messages for this age group despite recognition that tailoring messages for younger constituents was important. Follow-up interviews provided additional insight into the communication methods that service providers used to reach aging constituents, revealing that word of mouth and traditional media remain most popular, with some interest in social media.

Social isolation and lack of access to communication or awareness of opportunities were the most common barriers to getting service information to aging adults. One potential solution may be found in pairing aging adults with peer or young-adult mentors to teach them how to use communication technologies and develop more personal relationships that could reduce social isolation and increase digital skills (Szeman, 2014). Since older adults are less likely to have Internet access in their homes, senior citizen centers, community centers, or public libraries may be points of access, which in turn provide opportunities to increase in-person social interaction.

Our findings and previous research suggests (e.g., Fink & Beck, 2015; Goswami et al., 2010; Wright, 2000) that some older adults use social media, particularly Facebook, to find information

and stay connected with friends and family. Expanding digital communication to target older adults via Facebook especially, and organizational Web sites, offers viable options to reach those in need through existing digital platforms. Of course, these would need to be developed with this population in mind, considering possible vision limitations and inexperience with Web site navigation. Designing and tailoring these messages and sites for aging adults may improve their ability to successfully gather information and learn about resources and services available in their communities (Fink & Beck, 2015).

Participants in this study used Web sites and social media to inform their younger clients about services and opportunities. Developing a digital media strategy tailored for older adults is a logical next step. Reconfiguring existing Web sites to incorporate more white space, using larger text, breaking up information into smaller blocks, and avoiding flashing graphics makes Web sites more user-friendly for older adults (Balazs, 2004; Fink & Beck, 2015). Because of the various needs and possible health limitations of aging women, service providers should focus on providing useful information immediately (e.g., on the homepage) and should develop clear navigation (e.g., few menu options) and search abilities (McMillan & Macias, 2008; Nayak, Priest, Stuart-Hamilton, & White, 2006)

Service providers could also use social media to connect with aging clients and extend interpersonal connections to isolated adults. Social media offer conversation opportunities with aging adults to learn ways to improve service provision, as well as strengthen relationships between the organizations and their aging clients. Additionally, working with aging adults to better under-

stand how they would like to receive information and how they currently learn about opportunities may provide additional insight into the best way to accommodate this group. Future studies should focus on communication methods that aging populations currently use and their desired means of communicating with health and wellness professionals, including service providers but also doctors, insurance companies, and other professional groups.

As the largest boomer generation to date ages into their senior years, it is important to examine and understand their needs for independent living and healthy aging. Many participants in this study focused their efforts on younger women and girls and did not always acknowledge that older women are also in need of further support. As a provider from northeast Iowa shared, "When you get old, you get invisible" (D6, August 5, 2015). Perhaps this study will serve as a starting point for continued research into best communication practices for reaching and serving aging women.

References

Balazs, A. L. (2004). Marketing to older adults. In J. F. Nusbaum & J. Copeland (Eds.), *Handbook of communication and aging research* (pp. 329–351). Mahwah, NJ: Lawrence Erlbaum.

Bascu, J., Jeffrey, B., Aboyni, S., Johnson, S., Novik, N., Martz, D., & Oosman, S. (2014). Healthy aging in place: Perceptions of rural older adults. *Educational Gerontology*, *40*(5), 327–337. doi:10.1080/03601277.2013.802191

Billings, A. G., & Moos, R. H. (1981). The role of coping responses and social resources in attenuating the stress of life events. *Journal of Behavioral Medicine*, *4*(2), 139–157. doi:10.1007/BF00844267

Black, K., Dobbs, D., & Young, T. L. (2015). Aging in community: Mobilizing a new paradigm of older adults as a core social resource. *Journal of Applied Gerontology*, *34*(2), 219–243. doi:10.1177/0733464812463984

Bradley, L. (2014, December 26). People don't hate millennials. *Slate*. Retrieved from http://www.slate.com/articles/technology/future_tense/2014/12/you_don_t_hate_millennials_you_hate_21st_century_technology.single.html

Choi, N. G., & DiNitto, D. M. (2013). The digital divide among low-income homebound older adults: Internet use patterns, eHealth literacy, and attitudes toward computer/ Internet use. *Journal of Medical Internet Research*, *15*(5), e93. doi:10.2196/jmir.2645

Cobb, S. (1976). Social support as a moderator of life stress. *Psychosomatic Medicine*, *38*(5), 300–314. doi:10.1097/00006842-197609000-00003

Collins, J. M., & Paul, P. B. (1994). Functional health, social support, and morale of older women living alone in Appalachia. *Journal of Women & Aging*, *6*(3), 39–52. doi:10.1300/ J074v06n03_04

Cotten, S. R., Anderson, W. A., & McCullough, B. M. (2013). Impact of Internet use on loneliness and contact with others among older adults: Cross-sectional analysis. *Journal of Medical Internet Research*, *15*(2), 1–13. doi:10.2196/jmir.2306

Cotten, S. R., Skinner, K. M., & Sullivan, L. M. (2000). Social support among women veterans.*Journal of Women & Aging*, *12*(1–2), 39–62. doi:10.1300/J074v12n01_04

De Jong Gierveld, J. (1998). A review of loneliness: Concept and

definitions, determinants and consequences. *Reviews in Clinical Gerontology*, *8*(1), 73–80. doi:10.1017/ S0959259898008090

Fink, A., & Beck, J. C. (2015). Developing and evaluating a website to guide older adults in their health information searches: A mixed-methods approach. *Journal of Applied Gerontology*, *34*(5), 633–651. doi:10.1177/0733464813486961

Fleck, C. (2009, December 1). Most older adults are embracing the Internet, poll shows. *AARP*. Retrieved from http://www.aarp.org/personal-growth/life-stories/info-12-2009/ most_older_adults_are_embracing_the_internet_poll_shows.h tml

Fowler, C., Gasiorek, J., & Giles, H. (2015). The role of communication in aging well: Introducing the communicative ecology model of successful aging. *Communication Monographs*, *82*(4), 431–457. doi:10.1080/03637751.2015.1024701

Goswami, S., Köbler, F., Leimeister, J. M., & Krcmar, H. (2010, December). *Using online social networking to enhance social connectedness and social support for the elderly*. Paper presented at the 31st International Conference on Information Systems, St. Louis, MO. Retrieved from https://www.alexandria.unisg.ch/220640/1/JML_234.pdf

Hall, T. E., & Owens, J. (2011, September). *The digital divide and e-government services*. Proceedings of the 5th International Conference on Theory and Practice of Electronic Governance, 37–44. New York, NY: ACM. Retrieved from http://dl.acm.org/citation.cfm? id=2072076

Hawton, A., Green, C., Dickens, A. P., Richards, S. H., Taylor, R. S., Edwards, R., . . . Campbell, J. L. (2011). The impact of

social isolation on the health status and health- related quality of life of older people. *Quality of Life Research*, *20*(1), 57–67. doi:10.1007/ s11136-010-9717-2

Loe, M. (2010). Doing it my way: Old women, technology and wellbeing. *Sociology of Health & Illness*, *32*(2), 319–334. doi:10.1111/j.1467-9566.2009.01220.x

McMillan, S. J., & Macias, W. (2008). Strengthening the safety net for online seniors: Factors influencing differences in health information seeking among older Internet users. *Journal of Health Communication*, *13*(8), 778–792. doi:10.1080/10810730802487448

National Organization for Human Services (NOHS). (2016). *What is human services?* Retrieved from http://www.nationalhumanservices.org/what-is-human-services

Nayak, L., Priest, L., Stuart-Hamilton, I., & White, A. (2006). Website design attributes for retrieving health information by older adults: An application of architectural criteria. *Universal Access in the Information Society*, *5*(2), 170–179. doi:10.1007/s10209-006-0029-9

Perrin, A., & Duggan, M. A. (2015, June 26). Americans' Internet access: 2000–2015. *Pew Research Center*. Retrieved from http://www.pewinternet.org/2015/06/26/americans-internet-access-2000-2015/

Rains, S. A., Peterson, E. B., & Wright, K. B. (2015). Communicating social support in computer-mediated contexts: A meta-analytic review of content analyses examining sup- port messages shared online among individuals coping with illness. *Communication Monographs*, *82*(4), 403–430. doi:10.1080/03637751.2015.1019530

Ron, P. (2009). Seeking help from health and welfare services among elderly single women. *Journal of Women & Aging*, *21*(4), 279–292. doi:10.1080/08952840903284602

Seitz, D. (2013, September 26). Pew Research Center discovers cranky old people hate the Internet. *Upproxx*. Retrieved from http://uproxx.com/technology/pew-research-center-dis covers-cranky-old-people-hate-internet/

Smith, A. (2014, April 3). Older adults and technology use. *Pew Research Center*. Retrieved from http://www.pewinternet.org/2014/04/03/older-adults-and-technology-use/

Spina, J., & Menec, V. H. (2013). What community characteristics help or hinder rural communities in becoming age-friendly? Perspectives from a Canadian prairie province. *Journal of Applied Gerontology*, *34*(4), 444–464. doi:10.1177/0733464813496164

Szeman, Z. (2014). A new pattern in long-term care in Hungary: Skype and youth volunteers. *Anthropological Notebooks*, *20*(1), 105–117. Retrieved from http://real.mtak.hu/21475/1/Anthropological_Notebooks_XX_1_Szeman.pdf

Tsai, H. Y. S., Shillair, R., & Cotten, S. R. (2017). Social support and "playing around": An examination of how older adults acquire digital literacy with tablet computers. *Journal of Applied Gerontology*, *36*(1), 29–55. doi:10.1177/0733464815609440

Waldbrook, N. (2013). Formerly homeless, older women's experiences with health, housing, and aging. *Journal of Women & Aging*, *25*(4), 337–357. doi:10.1080/08952841.2013.816213

Winstead, V., Anderson, W. A., Yost, E. A., Cotten, S. R., Warr,

A., & Berkowsky, R. W. (2013). You can teach an old dog new tricks: A qualitative analysis of how residents of senior living communities may use the web to overcome spatial and social barriers. *Journal of Applied Gerontology*, *32*(5), 540–560. doi:10.1177/0733464811431824

Woo, J., Mak, B., Cheng, J. O., & Choy, E. (2011). Identifying service needs from the users and service providers' perspective: A focus group study of Chinese elders, health and social care professionals. *Journal of Clinical Nursing*, *20*(23–24), 3463–3471. doi:10.1111/j.1365- 2702.2011.03702.x

Wright, K. (2000). Computer-mediated social support, older adults, and coping. *Journal of Communication*, *50*(3), 100–118. doi:10.1111/j.1460-2466.2000.tb02855.x

Wright, K. B. (1999). Computer-mediated support groups: An examination of relationships among social support, perceived stress, and coping strategies. *Communication Quarterly*, *47*(4), 402–414. doi:10.1080/01463379909385570

Wright, K. B. (2016). Communication in health-related online social support groups/com- munities: A review of research on predictors of participation, applications of social support theory, and health outcomes. *Review of Communication Research*, *4*, 65–87. doi:10.12840/ issn.2255-4165.2016.04.01.010

Wyatt, S., Henwood, F., Hart, A., & Smith, J. (2005). The digital divide, health information and everyday life. *New Media & Society*, *7*(2), 199–218. doi:10.1177/1461444805050747

Yoon, H., Jang, Y., & Xie, B. (2016). Computer use and computer anxiety in older KoreanAmericans. *Journal of Applied Gerontology*, *35*(9), 1000–1010. doi:10.1177/

073346481S570665

Zickuhr, K., & Madden, M. (2012, June 6). Older adults and Internet use. *Pew Research Center*. Retrieved from http://www.pewinternet.org/2012/06/06/older-adults-and-internet-use/

Appendix A

Location	Location codes	Date	Number of participants
Waterloo	W	5/22/15	14
Cedar rapids	CR	5/27/15	15
Dubuque	Du	5/29/15	13
Fort Dodge	FD	6/1/15	18
Storm Lake	SL	6/10/15	21
Mason City	MC	6/11/15	11
Creston	C	6/17/15	12
Bettendorf (Quad Cities)	QC	6/18/15	19
Jefferson	J	6/29/15	16
Chariton	Ch	7/9/15	4
Ottumwa	O	7/9/15	18
Sioux City	SC	7/15/15	24
Council Bluffs	CB	7/16/15	19
Des Moines	DM	7/23/15	32
Fort Madison	FM	7/28/15	18
Decorah	D	8/5/15	7
Iowa City/Coralville	IC	8/6/15	24
Marshaltown	M	8/7/15	22

Appendix B

Focus Group Guiding Questions

1. What are the greatest challenges you see affecting economic

self-sufficiency for women (and children) in your community—and how would you characterize their financial/ economic struggles?

2. What are the most common requests/need from women and children that you see in the area of economic self-sufficiency?

3. When you think of women and girls struggling financially, how would you describe your community resources? What exists? What works?

4. How do future clients, families in need, learn both formally and informally about community resources?

5. Are there gaps in community resources? How could services be expanded?

6. Within your community, is there a particular group (demographic, geographic, cultural, other) facing the greatest barriers to self-sufficiency?

7. Removal of what barriers would make the most significant impact to improve women's and girls' lives in your community?

8. What have we forgotten to ask that needed to be asked?

9. Out of all we've discussed today, what do you think are the two specific areas or issues we could invest in to help women and girls in your community achieve economic success?